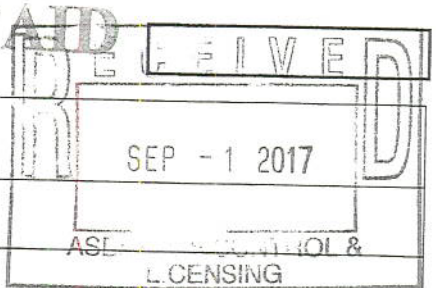


MO#24499206303

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 29 / 17		Name of Building Owner/Operator (2) Karen Jones							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Livingston, NJ 07039							
Name of Contact Karen Jones		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Livingston, NJ 07039		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 09 / 08 / 17		License No. 01127							
Scheduled Completion Date (11) 09 / 09 / 17		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
City, State, Zip Code Fair Lawn, NJ 07410									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>			Date 08/29/17		

ASB-41

MAY 11

\* Do not use this form for asbestos licensure exempted activities.



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

**PAID**

Date of Notification (1) <b>8/25/17</b>		Name of Building Owner/Operator (2) <b>MR. BRIAN LURIE</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>WEST ORANGE, NJ 07082</b>	
		Name of Contact <b>MR. LURIE</b>	

REC-4238  
 SEP - 1 2017

<b>FACILITY INFORMATION</b>	
Name of Facility Where Abatement is Taking Place (3) <b>MR. LURIE</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address [REDACTED]	
City (5) <b>WEST ORANGE</b>	Square Feet: <b>2000</b> # of Floors: <b>2</b> Bldg. Age: <b>1950</b>
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No. _____ Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address	Street Address <b>450 South River Street</b>
City, State, Zip Code	City, State, Zip Code <b>Hackensack, NJ 07601</b>
Project Manager for Monitoring Firm	Telephone No. <b>201-329-7444</b> License No. <b>00388</b>
Start Date (10) <b>9/8/17</b>	Scheduled Completion Date (11) <b>9/9/17</b> Name of OSHA Monitor <b>Omega Environmental</b>
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:00 AM TO 5:00 PM</b>	Street Address <b>280 Huyler Street</b> City, State, Zip Code <b>South Hackensack, NJ 07606</b>

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>100 LF</b>	<b>X</b>			

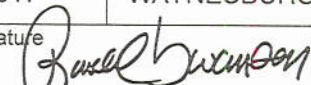
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NIDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>24207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
City, State <b>Hackensack, NJ 07601</b>	Disposal Date <b>9/11/17</b>	City, State <b>Waynesburg, OH 44688</b>	
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>8/25/17</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**PAID**

**CHECK# 1709**

Date of Notification (1) 08/29/2017		Name of Building Owner/Operator (2) MWA AFFORDABLE HOUSING LLC							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 150px;"> <b>RECEIVED</b>  SEP - 1 2017  ASBESTOS CONTROL &amp; LICENSING </div>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	PO BOX 1							
		City, State, Zip Code TITUSVILLE NJ 08560							
		Name of Contact MACK LAKE							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MULLICA HILL		Square Feet 2063	# of Floors 1						
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____	Bldg. Age 100+						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	License No. 01145						
Start Date (10) 09/11/2017	Scheduled Completion Date (11) 09/29/2017	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL-WORK AREA VACANT		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN			X	VERMICULITE	1500 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 09/30/2017	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 08/29/2017					



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

PAID

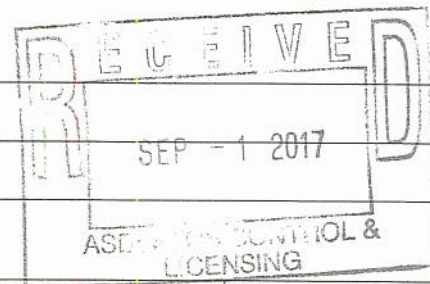
CIL 4243

Date of Notification (1) <b>8/29/17</b>		Name of Building Owner/Operator (2) <b>MS. NELDA FAZIO</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>LEONIA, NJ. 07605</b> Name of Contact <b>MS. FAZIO</b>						
		Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MS. FAZIO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <b>1900</b>						
City (5) <b>LEONIA</b>		# of Floors <b>2</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>1955</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>						
City, State, Zip Code		Street Address <b>450 South River Street</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Telephone No.		Telephone No. <b>201-329-7444</b>						
Start Date (10) <b>9/12/17</b>		License No. <b>00388</b>						
Scheduled Completion Date (11) <b>9/13/17</b>		Name of OSHA Monitor <b>Omega Environmental</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>730 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>						
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL SYSTEMS INSULATION</b>	Amount (Specify SF or LF) <b>38LF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>9/13/17</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>		Date <b>8/29/17</b>			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

NO CLK



Date of Notification (1) 08-29-2017		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended: 5 <sup>th</sup> Amendment: project completion date <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648  Name of Contact Mr. Walter Eddy

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Rider University—Maurer Physical Education Building-1 <sup>st</sup> floor offices/classrooms			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000	# of Floors 2	Bldg. Age 57
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Physical Education Building		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No. 00102	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 515 Grove Street		Street Address 2115 Hamilton Avenue, Suite 202			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 8/7/2017	Scheduled Completion Date (11) 9/01/2017		Name of OSHA Monitor J&S Environmental Laboratories Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours 1 <sup>st</sup> Shift Describe: 7:30AM – 5:30PM Monday-Sunday– including weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsula	Enclosure
Class rooms:127,126,125,124,122-124,110,0109,108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock & Joint Compound	5,470 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fissure Ceiling Tile	6,470 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cove base mastic	534 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile/mastic(grey streaks)	4976 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms(#127, 126 & 109)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chalkboard Glue Dots	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resource Management Group, LLC		0035218	TBD	Grows Landfill	
City, State Hamilton, NJ 08619			Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Brian Haney		Title: President	Signature		Date 08-29-2017

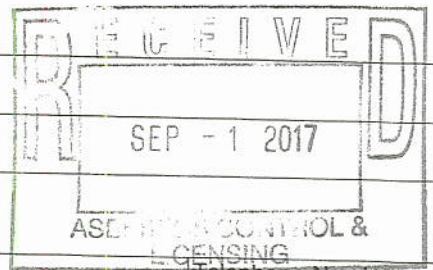


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Sl29 New orundrented

**NO OK**

Date of Notification (1) 08-29-2017		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended: 5 <sup>th</sup> Amendment: project completion date	Name of Contact Mr. Walter Eddy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Rider University-Maurer Physical Education Building-1 <sup>st</sup> floor offices/classrooms			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000		
City (5) Lawrenceville, NJ 08648		County (6) Mercer	County Code (7)	# of Floors 2	Bldg. Age 57
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates			Current Use (Prior if being demolished) Physical Education Building		
Street Address 515 Grove Street			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Haddon Heights, NJ 08035			Street Address 2115 Hamilton Avenue, Suite 202		
Project Manager for Monitoring Firm Brian Clark			City, State & Zip Code Trenton, NJ 08619		
Telephone Number 856-547-0505			Telephone Number 609-977-6159		License Number 01185
Scheduled Start Date (10) 8/7/2017		Scheduled Completion Date (11) 9/01/2017		Name of OSHA Monitor J&S Environmental Laboratories Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours 1 <sup>st</sup> Shift Describe: 7:30AM - 5:30PM Monday-Sunday- including weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

**Scope of Work (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure             |

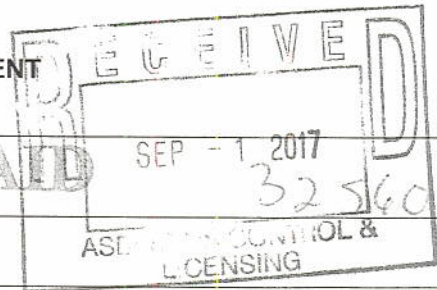
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsula	Enclosure
Class rooms:127,126,125,124,122-124,110,0109,108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock & Joint Compound	5,470 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fissure Ceiling Tile	6,470 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cove base mastic	534 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms:127, 126, 125, 122-124, 110, 111, 109, 108 & Hallway by rooms 111-118	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile/mastic(grey streaks)	4976 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class rooms(#127, 126 & 109)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chalkboard Glue Dots	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resource Management Group, LLC		0035218	TBD	Grows Landfill	
City, State Hamilton, NJ 08619			Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Brian Haney		Title: President	Signature <i>Brian Haney</i>	Date 08-29-2017	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

CIC# 32560



Date of Notification (1) 08 / 29 / 17		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 84	
		City, State, Zip Code Colts Neck, NJ 07722	
		Name of Contact John Sakoutis	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Sea Bright		Square Feet 1000	# of Floors 1
		Bldg. Age 65	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 09 / 08 / 17	Scheduled Completion Date (11) 09 / 11 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos siding	900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey			Disposal Date 09/12/17	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 8/29/17	

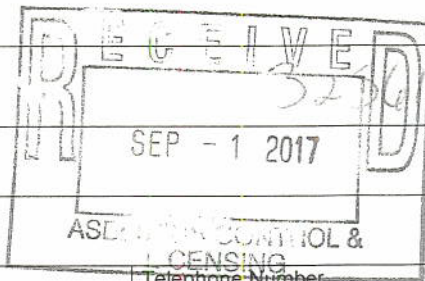


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

PAID

CK # 32561

Date of Notification (1) <div style="text-align: center;">08 / 29 / 17</div>		Name of Building Owner/Operator (2) <b>Laura Dec</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>Montville, NJ 07045</b>	
		Name of Contact <b>Laura Dec</b>	
		Telephone Number [REDACTED]	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Lavallette</b>	Square Feet <b>1800 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>65</b>
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <div style="text-align: center;">09 / 12 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">09 / 14 / 17</div>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

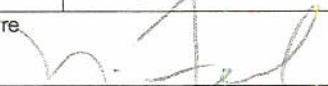
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>09/15/17</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>8/29/17</b>		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**PAID**

CK# 32559

Date of Notification (1) 08 / 28 / 17		Name of Building Owner/Operator (2) Walters Residential							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200 sf							
City (5) Beach Haven		# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 07 / 17	Scheduled Completion Date (11) 09 / 13 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Piscataway, New Jersey 08854							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 09/14/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/28/17			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

**PAID**

OK# 32562



Date of Notification (1) 08 / 29 / 17		Name of Building Owner/Operator (2) FJ Castlegrante Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 127 Brand Road City, State, Zip Code Toms River, NJ 08753 Name of Contact Frank Castlegrante Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 700 sf							
City (5) Lavallette		# of Floors 1							
County (6) Ocean		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 09 / 12 / 17		License No. 00624							
Scheduled Completion Date (11) 09 / 14 / 17		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 09/15/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/29/17			



(K# 3231)

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

PAID

FORM 101



Date of Notification (1) 8-24-17		Name of Building Owner/Operator (2) Township of South Orange	
Agencies Notified	Type Notification	Street Address 76 80 ORANGE AVE.	City, State, Zip Code South Orange, NJ 07080
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Billy Harrington	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Township owned Property		Type of Facility (4)	
Street Address 215 Lindbergh Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) South Orange	Square Feet 1500	# of Floors 2	Bldg. Age 87
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Rd		
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 294 1757	License No. 00029
Start Date (10) 9/7/17	Scheduled Completion Date (11) 9/14/17	Name of OSHA Monitor Mark Tomic Consulting		
Occupancy Status During Abatement (Check Only One)		Street Address Main St.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		City, State, Zip Code Lincoln Park NJ		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				Pipe Coverings	100 SF				
Attic				Siding	400 SF				

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 6	Name of Registered Landfill Chrins Landfill	
City, State Colts Neck, New Jersey		Disposal Date 9/14/17	City, State Easton, PA		
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree McGuire	Date 9-24-17		



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

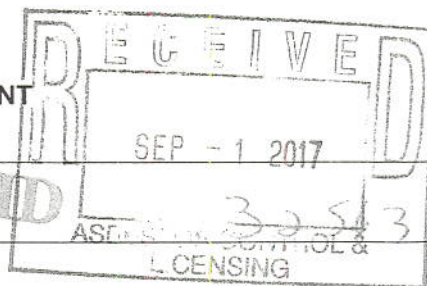
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RECEIVED  
SEP - 1 2017

Date of Notification (1) 8/29/17		Name of Building Owner/Operator (2) Melissa L. Anderson		Street Address [REDACTED]		City, State, Zip Code South Plainfield, New Jersey 07080		Name of Contact Steven		Telephone Number [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) Anderson Property Street Address [REDACTED] City (5) South Plainfield County (6) Middlesex County Code (7) (STATE USE ONLY) Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1600 # of Floors 2 Bldg. Age 55+ Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)				ASCN No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address				Street Address 95 Montrose Rd		City, State, Zip Code Colts Neck, New Jersey					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 732 294 1757		License No. 00029			
Start Date (10) 9/8/17		Scheduled Completion Date (11) 9/12/17		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm						Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) ductwork (tape)		Amount (Specify SF or LF) 12 LF		Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 0		Name of Registered Landfill Chrins Landfill					
City, State Colts Neck, New Jersey		Disposal Date		City, State Easton, PA		Completed by Bree McGuire					
Title Secretary Treasurer		Signature [Signature]		Date 8/29/17							



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



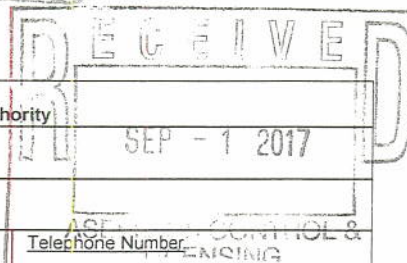
CK# 30563

Date of Notification (1) <b>08 / 29 / 17</b>		Name of Building Owner/Operator (2) <b>Maureen Mills</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>							
		City, State, Zip Code <b>Moosic, PA 18507</b>							
		Name of Contact <b>Maureen Mills</b>	Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>									
City (5) <b>Lavallette</b>		Square Feet <b>1500 sf</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No.	License No. <b>00624</b>						
Start Date (10) <b>09 / 12 / 17</b>		Scheduled Completion Date (11) <b>09 / 14 / 17</b>							
Name of OSHA Monitor <b>E.M.S.L. Analytical</b>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>09/15/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>8/29/17</b>			



**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

**PAID**



Date of Notification (1) 08/29/17		EMERGENCY NOTIFICATION		Name of Building Owner/Operator (2) City of Elizabeth NJ Public Housing Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 688 Maple Avenue	
				City, State, Zip Code Elizabeth, NJ 07202	
				Name of Contact Jackie Davis, Manager	
Telephone Number					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mravlag Manor (Buildings A - F)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # of Floors: 2 Bldg. Age: 1970 Current Use (prior if being demolished): Public Housing	
Street Address 688 Maple Ave					
City (5) Elizabeth	County (6) Union	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) Panoramic Window & Door Systems, Inc.	
Street Address		Street Address 712 Sergeantsville Road			
City, State, Zip Code		City, State, Zip Code Stockton, NJ 08559			
Project Manager for Monitoring Firm		Telephone Number		License Number 01237	
Scheduled Start Date (10) 09/05/17		Scheduled Completion Date (11) 11/07/17		Name of OSHA Monitor IAQ GURU LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - 3:00-11:00pm Describe  <input checked="" type="checkbox"/> Other - Describe: 8:30 - 4:30 M-F				Street Address 87 Main Street	
				City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Exterior of Building A		Exterior Window Caulking	1,367 lf	<input checked="" type="checkbox"/>	
Exterior of Building B		Exterior Window Caulking	1367 Lf	<input checked="" type="checkbox"/>	
Exterior of Building C		Exterior Window Caulking	1367 Lf	<input checked="" type="checkbox"/>	
Exterior of Building D		Exterior Window Caulking	1367 Lf	<input checked="" type="checkbox"/>	
Exterior of Building E		Exterior Window Caulking	1367 Lf	<input checked="" type="checkbox"/>	
Exterior of Building F		Exterior Window Caulking	1367 Lf	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057		Cubic Yards of Waste	
				Name of Registered Landfill Chrin Landfill	
		Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic		Title Project Manager		Signature 	
				Date 08/29/17	